



# ZIPS

**Zero to age 21: Information Promoting Success**  
for Public Health Professionals working with Kansas Kids

## Special Points of Interest:

- Maternal Weight Gain and Pregnancy Outcomes
- Decorate Safely for the Holidays
- Grandparents as Caregivers Assistance Program
- New Proposed KAN Be Healthy Screening Form In Review
- **EXTRA, EXTRA**  
Kansas School Nurse Organization Scholarship Application

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## The Gift of Public Health



As the holiday season approaches, it is a lovely time to take a moment and reflect on the many gifts that we possess all through the year that are given every day, often without a conscience acknowledgment of the giving.

As a public health provider, you are a gift to the communities and families that is your work. Please reflect upon the many gifts that are innate in your daily tasks and remember that your knowledge, expertise, care and compassion, as well as your devotion and passion, brighten the lives of those you are privileged to serve. It is the love of service to humanity that you give ~ and often the gift you bestow is not realized until long past the giving when a child is born, a baby is grown, a chronic health problem remedied, or a social situation improved.

Remember:

- \* The education and information you share enhances and changes people's lives through knowledge and exploration of choices for improving / changing lifestyles, health and futures.
- \* The kindness, patience and caring you show during an appointment may be the only sunshine in that client's day and may be the reason they choose to live another.
- \* The moments you choose to smile and offer a kind word of encouragement may inspire the recipient to an act of kindness to another.
- \* The positive outlook that you bring to your work and your team creates the attitude that anything is possible!
- \* And lastly, your call to improve and enrich the lives of the citizens of Kansas is your life's work ~ and that is a gift unto yourself. Take a moment to reflect on the client or families that have said to you, "thank you ~ you have made a difference in my life."

## Hey, Baby, It's Cold Outside!



With cold weather approaching, families that are struggling to meet their very basic needs may find that they are not able to provide the necessary outerwear to keep their children warm. There are social organizations that work through the Coats for Kids Foundation to obtain coats for distribution. If you know of children that need coats, check with your local social organizations, school districts, and charitable groups who may be members of this non-profit organization. For information about this program, go to [www.coats-for-kids.org/](http://www.coats-for-kids.org/).

*Best wishes for a  
healthy and safe  
holiday season and a  
meaningful and en-  
gaging 2007 from the  
Bureau for Children,  
Youth and Families!*



# PERINATAL HEALTH

Joe Kotsch, Perinatal Consultant



## Maternal Weight Gain and Pregnancy Outcomes

Maternal obesity has been positively linked with a risk of adverse pregnancy outcomes. A national study in Sweden tested associations with changes in pre-pregnancy body-mass index (BMI) between first and second pregnancies (singleton births only) and the potential for the development of adverse pregnancy outcomes. In one of the study groups were women who experienced a loss of one BMI unit to a gain of 0.9 BMI units prior to becoming pregnant. Whereas, in the other study group were women who experienced gains of three or more BMI units prior to becoming pregnant. When comparing these two groups, the investigators found a one and one-half to two-fold increase in the risk for the development of pre-eclampsia, gestational hypertension, gestational diabetes, Cesarean delivery, stillbirth and large-for-gestational age at birth in



subsequent pregnancies for women with pre-pregnancy gains of three or more BMI units. Interestingly, these associations not only were directly related to the amount of weight change for women who were overweight and obese before becoming pregnant, but also held true for women who were in a healthy BMI range prior to becoming pregnant for the first or second time. This study lends credence to an argument in favor of promoting weight loss in overweight and obese women planning to become pregnant and for women with BMI's in a healthy range to avoid unnecessary weight gain before pregnancy. For more information, the complete article can be found as: Villamor, E., "Interpregnancy weight change and risk of adverse pregnancy outcomes: a population-based study" *Lancet*, Sept. 30, 2006.

## Community (Hero) Resource in a Time of Need

The following is a short story about a community healthcare worker who has taken the time to stop and care for a mother and infant in their time of need. After spending nine months nurturing the life within her, a new mother in Hamilton County was having a difficult time breastfeeding her infant. Her thoughts began to turn to giving up on breastfeeding her infant. Although, in her heart she knew that breastfeeding was the best method of nutrition for her infant. Only through the courageous and determined efforts of a local Healthy Start Home Visitor (HSHV) with a solid breastfeeding back-



ground, and a timely encounter with a mom who was near her breaking point of giving up on breastfeeding did a miracle of sorts happen. The mother had stated on the HSHV survey card given to her that "she was thinking about giving up on breastfeeding" until

meeting with the HSHV and working through her concerns about breastfeeding her infant. Further, this mother stated that she appreciated the woman who visited her and kept her from "crying herself to sleep" by encouraging her to continue to breastfeed her infant and who left the door open for further discussion and visits. This is a fortunate community to have such a truly heroic person to offer her services to breastfeeding mothers in their time of need. May your holidays be warm and merry.

## For a Healthy Pregnancy....



Remember what your parents told you as a child? Eat more vegetables, go outside for a while and play, it's time for bed, etc. These are examples of parental wisdom that are given to children. How does guidance given by parents to their children relate to a healthy pregnancy? The short answer is that they all have to do with the concept of promoting general health. Why is general health important to a pregnancy? The answers seem all too obvious.

Research from the field of preconception health helps to define a link between positive health behaviors that generally result in good health and healthy pregnancy outcomes. First, the definition of a healthy pregnancy is one that results in an optimal birth outcome. This is in opposition to a pregnancy that results in a range of poor birth outcomes (i.e., birth defects, developmental delays, stillbirth, etc.). Some positive health behaviors during the preconception (or interconception) interval thought to optimize birth outcomes are: getting enough sleep, eating a balanced diet, getting a proper amount of exercise, quitting smoking, avoiding alcohol, taking a folic acid supplement (400 mcg/daily), maintaining a healthy body-mass index (BMI), etc. This is not an exhaustive list of possible positive health behaviors, but it gives a woman capable of becoming pregnant an idea of where to begin on the road toward achieving a healthy pregnancy. Further, she should see her healthcare provider on a regular basis for well woman checkups and follow any recommendations given to attain or maintain optimal health. For fact sheets on pregnancy do's and don'ts go to: [www.4woman.gov/Pregnancy/pregnancy/dosanddentsresources.cfm](http://www.4woman.gov/Pregnancy/pregnancy/dosanddentsresources.cfm)



# CHILD HEALTH

Brenda Nickel, Child Health Consultant



## Decorate Safely for the Holidays from Safe Kids Kansas



From candles to Christmas trees, traditional holiday decorating should be both festive and safe for the entire family. Holiday decorations, especially candles and electrical lighting, can be fire hazards, and Safe Kids Kansas reminds parents and caregivers to take a few simple precautions when decorating for Christmas, Hanukkah, Kwanzaa and other winter festivities.

"Never, never leave lit candles unattended," says Jan Stegelman, Safe Kids Kansas coordinator. "Don't put candles on a tree or a natural wreath, or near curtains or drapes. Keep matches and lighters locked out of reach." In Kansas homes during the last six years there were 673 reported candle fires resulting in 15 deaths, 61 injuries and over \$12 million in direct property loss.

"Decorative lighting should be labeled with the UL seal of approval from Underwriters Labs," says Stegelman. "If it's not labeled for outdoor use, don't use it outdoors."

If you decorate a tree, Safe Kids Kansas recommends these precautions:

- Never leave a lit Christmas tree or other decorative lighting display unattended. Inspect lights for exposed or frayed wires, loose connections and broken sockets. Do not overload extension cords or outlets and do not run an electrical cord under a rug.
- Natural Christmas trees always involve some risk of fire. To minimize the risk, get a fresh tree and keep it

watered at all times. Do not put the tree near a fireplace, space heater, radiator or heat vent. LED lights burn cooler than incandescent lights and pose a lower risk of fire.

- Decorate with children in mind. Do not put ornaments that have small parts or metal hooks, or look like food or candy on the lower branches where small children can reach them. Trim protruding branches at or below a child's eye level, and keep lights out of reach.
- Do not burn Christmas tree branches, treated wood or wrapping paper in a home fireplace.

Safe Kids Kansas also offers these tips to prevent accidental poisoning:

- Keep alcohol (including baking extracts) out of reach and do not leave alcoholic drinks unattended.
- Color additives used in fireplace fires are toxic and should be stored out of reach. Artificial snow sprays are also harmful if inhaled.
- Holly berries, mistletoe berries, poinsettias, amaryllis, boxwood, Christmas rose, Crown of Thorns, English ivy and Jerusalem cherry are all potentially harmful if eaten.
- For more information, or to find out whether other decorative plants and products are hazardous to children, call your local Poison Control Center at 800-222-1222.

For more information about home safety, visit the fire prevention and safety tips pages at [www.usa.safekids.org](http://www.usa.safekids.org).

## Food Allergy Resources for the Holidays and All Year Long



Several families have called with questions regarding food allergies and how to manage these allergies while their children are attending school. Now, with the holiday season, there are many tempting special foods that are not only at school, but will be found in abundance at gatherings of families and friends. The challenge for families and those who care for them is being able to have the resources that will assist in meeting their health needs related to nutrition, allergies, and living with food allergies while still engaging in the social events of their daily lives, including Christmas and the holidays.

The following are tremendous resources available to public health practitioners to use in their work.

**The Food Allergy and Anaphylaxis Network**  
[www.foodallergy.org/](http://www.foodallergy.org/)

**WIC Works Resource System: Spotlight on Food Allergies**  
[www.nal.usda.gov/wicworks/spotlight/foodallergy\\_materials.html](http://www.nal.usda.gov/wicworks/spotlight/foodallergy_materials.html)

**Managing Food Allergies in School**  
[www.foodallergy.org/school/SchoolGuidelines.pdf](http://www.foodallergy.org/school/SchoolGuidelines.pdf)

**Managing Students with Food Allergy during a Shelter-In-Place Emergency**  
[www.foodallergy.org/school/EmergencyLockdownGuidelin.pdf](http://www.foodallergy.org/school/EmergencyLockdownGuidelin.pdf)

**Food Allergy Action Plan**  
English version:  
[www.foodallergy.org/actionplan.pdf](http://www.foodallergy.org/actionplan.pdf)  
Spanish version:  
[www.foodallergy.org/spanishaction.pdf](http://www.foodallergy.org/spanishaction.pdf)

**Food Allergies and School Buses**  
[www.foodallergy.org/school/bus.html](http://www.foodallergy.org/school/bus.html)





# ADOLESCENT HEALTH

Jane Stueve, Adolescent Health Consultant  
Pamela Combes, Abstinence Education Consultant



## Social Influences Determine Adolescent Sexual Behavior



The November 4 issue of *The Lancet* had an article relating to research on adolescent sexual behavior and that it is largely determined by social influences around the world. The data comes from more than 250 studies of teen and young-adult sexual behavior by Cicely Marston, PhD, and Eleanor

King, MSc, of the London School of Hygiene and Tropical Medicine.

Young people age 15 to 24 get about half of the world's new HIV infections. We often blame them for being ignorant, for their notoriously bad judgment, and for their impulsivity. Or we let them off the hook for lack of access to condoms and lack of sex education. Yet Marston and King find that social influences are what really determine young people's sexual behavior. These influences fall into seven key themes. The same themes are seen in every culture in the world. The themes are:

- Young people decide whether to have risky sex based on whether they see their partner as "clean" or "unclean." This determination is largely based on social position and behavior perceived as socially appropriate.
- The nature of a young person's sexual partnership influences not just their condom use, but their sexual behavior in general.
- Condoms are stigmatizing and associated with a lack of trust.
- Gender stereotypes determine social expectations and behavior. For example, men are expected to be sexually experienced while women are ex-

pected to be innocent -- yet women also are expected to be responsible for pregnancy prevention.

- Society offers both penalties and rewards for sex. For example, an unmarried pregnancy can stigmatize a woman -- yet it can also offer escape from her parents' home.
- Reputations and social displays of sexual activity or sexual abstinence are important.
- Social expectations hamper communication about sex.

Marston and King argue that simply handing out condoms, or providing sex education, is not enough to change sexual behavior. They say four things are needed:

- Understanding what makes young people deviate from socially expected behaviors.
- Understanding details about sexual behavior. For example, this would mean moving beyond asking, "Why don't kids use condoms?" to asking, "What makes kids who use condoms in long-term relationships different from those who don't?"
- Asking new questions, such as exploring the relation between pleasure and sexual behavior or exploring men's attitudes toward pregnancy.
- Analysis not just of sexual behavior, but of the social forces that drive sexual behavior.

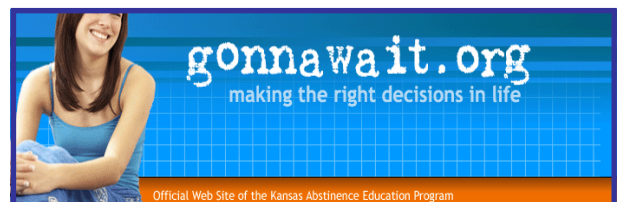
"Social expectations, especially ideas about how men and women should behave are a powerful influence on behavior," Marston and King conclude. "The influence of sexual partners is also considerable, as are young people's ideas about stigma and risk; and social pressures make it difficult to communicate clearly with partners, which makes safer sex unlikely."

## It's a SNAP Promotes Clean Hands and Healthy Students

The Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, and The Soap and Detergent Association have developed SNAP, School Network for Absenteeism Prevention. SNAP is a hands-on initiative for middle schools that is designed to help keep students in school and learn by improving overall health through promoting clean hands. The CDC reports that hand washing is the most important thing you can do to keep from getting

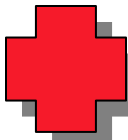


sick. Schools can use the SNAP program to increase student and staff hand cleaning and help them stay healthy. SNAP has wonderful visual aids and everything is free. Visit the SNAP Web site at [www.itsasnap.org/index.asp](http://www.itsasnap.org/index.asp).



## VISIT THE NEW KAEP WEB SITE!

This Web site is part of the media campaign of the Kansas Abstinence Education Program run by KDHE. We hope through this site to make accurate, relevant, and useful information available to adolescents and parents, as well as others interested in abstinence education.



# PUBLIC HEALTH

Children and Families Section



## Hypothermia – How does it happen? What can you do?

Every year nearly 700 people in the U.S. die of hypothermia due to systemic organ dysfunction. The core temperature of the human body must remain between 97.5 to 99.5 degrees to function best. The body has four main ways to rid itself of excess heat—radiation (transfer of heat through the air), evaporation (heat lost when sweat changes from liquid to a gas), conduction (transfer of heat by direct contact with cooler objects) and convection (heat removed by movement of liquid or air over the skin). When heat loss exceeds heat production, core temperature drops.

Drinking and illicit drug use are also associated with hypothermia. A peripheral vasodilator, alcohol increases heat loss through radiation, interferes with shivering, can alter awareness of weather conditions and can impair judgment. A wide range of medical conditions can also interfere with the body's ability to produce heat or respond to cold. Foremost among them are endocrine system disorders such as hypothyroidism, hypoglycemia, stroke, skin disease, spinal cord injuries, and peripheral neuropathy.

Early symptoms of severe hypothermia include tachycardia, hypertension, tachypnea, and cold-induced diuresis due to peripheral blood vessel constriction. These symptoms are followed by a progressive loss of consciousness—marked confusion, disorientation and stupor. Breathing becomes slow and shallow, blood pressure falls and arrhythmias follow. Prompt recognition of hypothermia and rapid action can save lives and organs. For mild hypothermia, removing the source of cold and

allowing the body to rewarm is sufficient. Mild to severe hypothermia requires emergency care because of vasodilation; rewarming shock, burn injuries from vasoconstricted skin and sepsis. Even though a person may have clinical signs of death, they may still be able to be revived. Be sure the carotid pulse is completely absent before beginning CPR. If there is a pulse, but no breathing or slow breathing, begin rescue breathing. If there is no discernible heartbeat, begin CPR and be prepared to continue. Persons with hypothermia have been given CPR for up to 3.5 hours and have recovered with no neurological damage. Despite the emergency care, the mortality rate is about 40 percent for those who develop moderate to severe hypothermia.

Prevention is the key! Teach the importance of wearing a layer of wool, silk or polypro because these materials retain heat better than cotton. Always cover the head, face, neck and wear mittens, rather than gloves. Mittens keep the fingers together and conserve heat better. Shivering is a sign the body is losing heat and a signal to return indoors. It is important to stay dry, never drink alcohol and keep emergency supplies, such as a cell phone, blankets, flashlight with batteries, candles and nonperishable food – available in your home and car. For more information on prevention and treatment of hyperthermia, go to the CDC site ([www.cdc.gov](http://www.cdc.gov)) and search hypothermia.



### Ask Ken!

#### ELECTRONIC SUBMISSION OF DATA & CVR'S

**Q:** Does my county have program (8) School Linked Clinic?

**A:** If you don't have a grant just for schools, you should not report anything under program (8).

**Q:** Will the new MCH program be available to all clinics January 1, 2007?

**A:** Very few of the counties will be allowed to go to the new MCH program January 2007.

**Q:** Do I inform Children & Family section if I plan to stop using KIPHS or decide to send CVRs January 1 or anytime during the year?

**A:** Yes, if we are not informed, there may be duplication or missing data due to the change.

## KAN Be Healthy Kids

KAN Be Healthy is a Medicaid program to help Kansas Kids be in good health. The KAN Be Healthy program promotes regular screens to help stop, look for, or correct illnesses before they become worse. Kansas Kids who are age 20 years old and under, and have a medical card can take part in the KAN Be Healthy program.





# SCHOOL HEALTH

Brenda Nickel, Child Health Consultant  
Jane Stueve, Adolescent Health Consultant



## Prescription Drug Use on the Rise



Misuse of prescription drugs is second only to marijuana as the nation's most prevalent drug problem, and the annual average number of people using pain relievers non-medically for the first time exceeds the number of new marijuana users according to a study released by the Substance Abuse and Mental Health Services Administration (SAMHSA). Most young people age 12 to 17 get these drugs from friends or family members, not the Internet.

The report, *Misuse of Prescription Drugs: Data from the 2002, 2003 and 2004 National Surveys on Drug Use and Health*, covers four broad classes of prescription psychotherapeutics including pain relievers, tranquilizers, stimulants and sedatives—as well as the specific drugs OxyContin (a pain reliever) and methamphetamine (a stimulant). Non-medical use (or misuse) is defined as use of these medications without a prescription or simply for the experience or feeling the drug caused. *Misuse of Prescription Drugs: Data from the 2002, 2003 and 2004 National Surveys on Drug Use and Health* is based on an annual survey of the civilian, non-institutionalized population of the United States 12 years or older. Misuse of Prescription Drugs is available on the web at <http://oas.samhsa.gov/prescription/toc.htm>

## Update Your School Emergency Plan



Learn how to take positive steps to prevent and prepare for school violence and respond and recover effectively if an incident does occur. The U.S. Department of Education hosted a Web cast and has posted it on the Internet to view at your convenience. It discusses issues as to what the difference is between a crisis plan versus an emergency management plan, role of the parents, four phases of emergency management, etc. The archived version of the "School Safety" Web cast and Power Point presentation is available for viewing at [www.ConnectLive.com/events/edschoolsafety](http://www.ConnectLive.com/events/edschoolsafety)

## Grandparents as Caregivers Assistance Program



Senate bill 62 was passed and signed into law that offers a new state funded program that gives financial assistance to grandparents and other qualifying relatives raising children. Beginning December 15, the Kansas Department of Social and Rehabilitation Services will administer *The Grandparents as Caregivers Assistance (GP as CG)* program. This program will provide monthly financial assistance to grandparents or other relatives raising children. **Applications for this program begin December 15, and benefits will be available January 1, 2007.**

To qualify for this program applicants must:

- Be a grandparent or other qualifying relative (aunt, cousin, great-grandparent, etc.)
- Have legal custody of the child or children
- Be age 50 or older
- Live with the child or children for whom they are requiring assistance
- Have a household income of less than 130 percent of the federal poverty level (the maximum 2006 income levels are available at the SRS web site listed below).

In addition:

- The child must not be in state custody
- The parent of the child must not live with the applicant.

The monthly benefit is \$200 for one child, \$400 for two children, and \$600 for three or more children. Funding for this program is limited and new applications will not be accepted or approved if funding is depleted. Beginning December 15, information about the *Grandparents as Caregivers Program* will be available at [www.srskansas.org/ISD/ees/grandparents\\_caregivers.htm](http://www.srskansas.org/ISD/ees/grandparents_caregivers.htm)

A 64-page *Grandparents / Relative Caregivers: Starting Points Resource Guide* resource manual for relative caregivers is available at:

[www.srskansas.org/KEESM/Changes/ES6000\\_Grandparents\\_Handbook\\_01\\_07.pdf](http://www.srskansas.org/KEESM/Changes/ES6000_Grandparents_Handbook_01_07.pdf)



## EVENTS



## RESOURCES

The Kansas Fatherhood Coalition announces the **5th Annual Fatherhood Summit** on April 12 and 13 at Jack Reardon Center in Kansas City, KS. Social workers, nurses, counselors, home visitors, fathers, mothers, grandparents, Head Start staff, and community leaders are invited to attend. The cost is \$50 for practitioners and \$25 for parents. Keynote speakers will be Dr. Adolph Brown III, founder of Wellness Group, Inc.; Coach Bill Snyder, former head coach from KSU; and George Williams, executive director of the Urban Father-Child Partnership. For more information contact Tammy Aguilar at 785-368-6350 or [txa@srs.ks.gov](mailto:txa@srs.ks.gov).

The 2<sup>nd</sup> Annual Governor's Public Health Conference, "**New Frontiers in Public Health**" will be held on April 30 and May 1-2 at the Grand Prairie Hotel in Hutchinson. The goals of the conference are to identify actions to positively affect the top cross-cutting issues impacting multiple leading health indicators and to offer programs in public health competency training areas. For more information contact Linda Frazier at [lfrazier@kdhe.state.ks.us](mailto:lfrazier@kdhe.state.ks.us) or 785-296-3641.

**NEW COURSES****Terrorism/Emergency Readiness**

1. [ARC: Introduction to Disaster Services Training](#)
2. [Effects of Radiological Agents \(Live Webcast\)](#)

**General Public Health**

1. ["Substance Abuse and Workplace Drug Testing Policy in the United States"](#)
2. [Chronic Fatigue Syndrome: Diagnosis & Management SS1032](#)
3. [Chronic Fatigue Syndrome: Diagnosis & Management CB1032](#)

**Infectious disease**

1. [Immunization Techniques & Protect Your Vaccine Supply](#)

**Also Offered**

**Healthy Start Home Visitor Fall Training** Dec 15, Newton; Dec. 20, Montezuma

**HIV Prevention and Behavior Change Counseling Strategies;** Dec. 5-7, Emporia

**Home Visitation Training,** Jan 9,10,11,17 & 18, Stockton  
**JVS Bridging the Gap Interpreter Training** Dec. 13, Lawrence  
**KDHE/HazMed: Medical Management of the Contaminated Pt,** Dec. 5-6, Pittsburg; Dec. 13-14, Garden City

**WMD: IS-700 National Incident Management System,** Dec. 13, Topeka (Shawnee Co. & Partners)

**WMD: IS-700 National Incident Management System,** Dec. 13, Topeka (Shawnee Co. & Partners)

For a full list of trainings offered see <http://kstrain.org>

**The man who complains about the way the ball bounces is likely the one who dropped it.**

— Lou Holtz

The **February-March 2007 issue of *Healthy Childcare*** is devoted to obesity in young children. This special issue will include information on fitness, nutrition, obesity prevention and more. If you are a regular subscriber to *Healthy Childcare*, this will arrive as your regular issue. Single or bulk copies can also be ordered (the deadline is Jan. 7, 2007) and as always, the issue will be available for viewing on our web site in early February. For more information, visit [www.healthychild.net](http://www.healthychild.net).

The Agency for Healthcare Research and Quality (AHRQ) has posted "*Pediatric Terrorism and Disaster Preparedness: A Resource for Pediatricians*" on their web site. It was authored by pediatric experts under the leadership of the American Academy of Pediatrics, under a contract with AHRQ. This is a comprehensive (350+ page Acrobat file) resource meant to address all aspects of preparedness and response for children's needs in any type of disaster. View and download it (free!) at [www.ahrq.gov/research/pedprep/resource.htm](http://www.ahrq.gov/research/pedprep/resource.htm) Print copies can also be ordered from the site.

National School Boards Association releases ***Living with HIV/AIDS: Students Tell Their Stories of Stigma, Courage and Resilience***. This publication, which was supported by our cooperative agreement with the CDC's Division of Adolescent and School Health, is intended to remind readers that schools have a significant role to play in addressing HIV/AIDS through education and services. It serves as a moving reminder to school leaders that the time is right to review district and school HIV-related policies and practices. The entire publication is available in PDF format on the NSBA School Health Programs web site [www.nsba.org/site/docs/39500/39444.pdf](http://www.nsba.org/site/docs/39500/39444.pdf). To request a copy, please e-mail [schoolhealth@nsba.org](mailto:schoolhealth@nsba.org).

**The Center for Safe and Healthy Schools** of the National Association of State Boards of Education (NASBE) is pleased to announce the free availability of several new and recent school health publications at our updated web site, [www.nasbe.org/healthy\\_schools/intro.html](http://www.nasbe.org/healthy_schools/intro.html).

Injury and violence prevention is the theme of **Creating Safe Places to Learn**, the July 2006 issue of NASBE's journal, *The State Education Standard*. Each of the eight feature articles can be downloaded as a PDF file at [www.nasbe.org/Standard](http://www.nasbe.org/Standard), including the lead article by CDC's Marci Hertz, Howell Wechsler, Lisa Barrios and David Sleet, and an interview with William Modzeleski of the U.S. Education Department's Office of Safe and Drug Free Schools.



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Department of Health and Environment**

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**Providing leadership to enhance the health of Kansas women and children through partnerships with families and communities.**

We hope this newsletter continues to be a useful resource for you. We encourage you to give us your comments, feedback and suggestions. Previous editions of ZIPS can be found at:

[www.kdheks.gov/c-f/zips/](http://www.kdheks.gov/c-f/zips/)

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Visit our Web site at [www.kdheks.gov/c-f](http://www.kdheks.gov/c-f)

## New Proposed KAN Be Healthy (KBH) Screening Form In Review



The Kan Be Healthy Advisory committee has reviewed proposed changes to the KBH Screening Form. With the input of providers, there will be a new form available in the near future. However, as with all good things, practitioners must wait a bit longer.

Beverly Steele, the KAN Be Healthy Coordinator with the Kansas Medical Assistance Program (KMAP), provided the following information:

- A new policy was required prior to implementing any changes to the form. That policy has been written and submitted. Additionally, it will allow for changes to be made to the KBH Screening Form in the future without a policy (although certain requirements must still be met).
- The introduction of this policy was delayed, pending the approval of the EPSDT State Plan amendments which were recently submitted. The EPSDT State Plan has been approved with an effective date of July 1, 2007.

- The KMAP provider manual and KBH registered nurse training manual will need to be updated to reflect the changes in the screening form.
- The KBH Web Site will be updated with the approved form and updated manual once the changes are approved.

Until a news release is sent out about the availability of the new screening form, providers are to continue to use the most current approved KBH form (3-26-2004 version), as well as the Mandatory Lead Screening Questionnaire that must be completed with every KBH exam that is done with children age 6 to 72 months. These documents, as well as forms, manuals, educational bulletins, and resources for practitioners and consumers can be accessed at:

[www.kmap-state-ks.us/Public/Kan%20Be%20Healthy%20Main.asp](http://www.kmap-state-ks.us/Public/Kan%20Be%20Healthy%20Main.asp)





# Kansas School Nurse Organization Scholarship

In alliance with the NASN philosophy of BSN as entry into practice, KSNO intends to improve school nursing by assisting registered nurses employed in schools to advance their education. Applications are subject to a “blind” review by the Awards Committee. The following criteria are required for distribution of the scholarship funds.

## **Eligibility:**

1. Member of KSNO for at least two consecutive years.
2. Currently employed as a school nurse in Kansas.
3. Enrolled in a BSN or MSN accredited program.

## **Applicant Requirements:**

1. Submit a completed application postmarked on or before the published deadline.
2. Submit a photocopy of RN license.
3. Submit a proposed plan of study and timeline for degree/program completion.
4. Submit a letter of support from employer or KSNO district representative.
5. Submit a one-page paper in APA format on “The Benefit of This Advanced Degree on My School Nurse Practice.”

## **Award:**

1. Award will be once a year and member may reapply yearly as long as in a program but for no more than two consecutive years.
2. Awards will be determined by number of applicants each year but will not exceed two.
3. Dollar amount of scholarship will be determined by money in account, but will not be less than \$250.

## **Judging:**

1. A point for each year of membership in KSNO.
2. Two points for each year of service to KSNO as an officer or board member.
3. One half point for each year employed as a school nurse.
4. Two points for each semester of school completed in a BSN/MSN program.
5. The essay will be evaluated and points assigned:

a. Ability to use APA correctly.	20 points
b. Ability to articulate the theme of the paper.	15 points
c. Format and appearance.	20 points

Deadline: April 1, 2007

# Kansas School Nurse Organization Scholarship Application

Applicant's name \_\_\_\_\_

Credentials (RN, BS, BSN) \_\_\_\_\_

Applicant's address \_\_\_\_\_

\_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

Applicant's position \_\_\_\_\_

Number of years employed in school nursing \_\_\_\_\_

Name of institution planned for coursework \_\_\_\_\_

\_\_\_\_\_

Type of coursework planned \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Submit to:** Joann Wheeler, 8920 Jamesburg, Wichita, KS 67212